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## TRANSMITTAL FORM

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Total Number of Pages in This Submission 3

Application Number	09/828,447
Filing Date	April 6, 2001
First Named Inventor	Oswaldo da Costa e Silva
Art Unit	1638
Examiner Name	C. Collins
Attorney Docket Number	15094

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing; return postcard
<div>Remarks</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Mark A. Westhafer		
Date	June 1, 2005	Reg. No.	42,220

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/828,447
	Filing Date	April 6, 2001
	First Named Inventor	Oswaldo da Costa e Silva
	Art Unit	1638
	Examiner Name	C. Collins
	Attorney Docket Number	15094

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

029137

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

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OR

☐ Firm or  
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Address

City

State

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

ppa Bieberbach

i.V. Pressler

Date

May 24th, 2005

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/828,447  
Applicant: da Costa e Silva et al.  
Filed: April 6, 2001  
Docket No.: 15094  
Customer No.: 029137

**CERTIFICATION PURSUANT TO 37 CFR § 1.10**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

I certify that the attached Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, Transmittal, and return postcard are being deposited with the U.S. Postal Service, Express Mail Label No. EL807451430US, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on June 1, 2005.

  
Heidi V. Sullivan